



TRI-TOWN AMBULANCE

West Tisbury • Chilmark • Aquinnah

P.O. Box 457 West Tisbury, MA. 02575 PHONE/FAX: 508·693·4992 Email: ttemschief@Vineyard.net

TO: Interes

Interested Parties

FR:

Ben Retmier, Deputy Chief

Tim Carroll, Executive Secretary, Chilmark

DT:

4 June 2015

RE:

EMT-Paramedic & Administrative Assistant/Clerical vacancies

Thank you for your interest joining the Tri Town Ambulance team. Tri Town serves the towns of Aquinnah, Chilmark and West Tisbury on the island of Martha's Vineyard. There are five full time medics and a part time clerical worker sharing the office with daily shift coverage supplemented by seasonal EMTs at three stations. You would be working with a Chief, Deputy Chief, two other medics, and 47 volunteer EMTs.

This position requires the exercise of considerable judgment and discretion. Errors in judgment could result in considerable liabilities for the three towns and the employee. Candidates should possess excellent communication, organizational, and people skills, as well as computer proficiency.

The towns look for effective and proactive community outreach from its ambulance department and welcomes applicants who have the interest and aptitude to participate in such activities.

Please find enclosed:

- A copy of the published advertisement for the position
- Position Vacancy Notice
- Position Description
- Wage Schedule
- Job Application form

Please submit your completed Job Application form before the deadline of June 19th 2015 @ 5:00 PM.

Your cover letter should describe the relevant skills and experience you possess for this position.

Your communications with the Town regarding this position will be reviewed and assessed as part of our hiring process.

We look forward to reviewing your completed application.

Tri-Town Ambulance EMT – 40 Hours Job Description

I. <u>Position Title</u>: Staff EMT 40 Hours

II. <u>Supervisor</u>: Ambulance Chief

III. Definition: Full-Time 40-Hour EMT

This position is a professional, highly skilled, full-time and year-round job at 40 hours per week as an on-duty EMT (minimum EMT-Basic, may be EMT-Intermediate or EMT-Paramedic) for the Tri-Town Ambulance service. The hours are Wednesday through Saturday and/or Sunday through Wednesday from 8:00 AM to 6:00 PM, depending on operational needs.

IV. General Description of Duties and Responsibilities

- A. Is stationed at the West Tisbury, Chilmark or Aquinnah ambulance barns. Responds to all requests for, and provides medical care according to the licensure level of the service and the certification of the EMT in accordance with Massachusetts and Region V Treatment Protocols. Responds to calls either in the Ambulance, Ambulance intercept vehicle or personal vehicle as appropriate.
- B. Performs a daily inventory of the ambulance at the beginning of every shift. Reports any deficiencies to the Tri-Town Ambulance Chief.
- C. Notifies the Chief of the need to order equipment and supplies.
- D. Operates according to the TTA Policies and Procedures Manual and in accordance with Massachusetts and Region V Treatment Protocols.
- E. Carries a TTA radio with an assigned call sign while on duty. Answers the TTA phone while at the Ambulance barns.
- F. Assures that the ambulances, equipment, and quarters are clean and in good order. Sees that the ambulances are re-stocked after runs according to Tri-Town, Region V, and Massachusetts Regulations and Protocols.
- G. Upon daily completion of EMS tasks and while clear from ambulance runs, performs public service tasks such as taking blood pressures and giving tours of the ambulance, under the direction of the Chief.
- H. May be asked by the Chief, upon daily completion of EMS tasks and while clear from ambulance runs, to perform additional tasks related to the TTA.
- I. Works four ten-hour shifts during each week with two weeks vacation each year.
- J. Upon request of the Ambulance Chief or the Tri-Town Committee Chair, attends Tri-Town Committee meetings and Tri-Town Ambulance Squad monthly meetings.

The essential functions or duties listed above are intended only as an illustration of the various types of work that may be performed. The omission of specific statements of duties does not exclude them from the position if the work is similar, related or a logical assignment to the position.

V. Supervisory Responsibilities - None

VI. Required Knowledge, Skills and Abilities

- A. Current Massachusetts EMT Basic, Intermediate or Paramedic Certification
- B. Current American Heart Association Health Care Provider Certification, and if applicable ACLS
- C. Current Valid Massachusetts Drivers License
- D. Familiarity with Tri-Town Ambulance, Region V, OEMS and State Regulations, policies, and laws concerning ambulance maintenance
- E. Ability to fill out Standard Ambulance Report Form (SARF) according to Region V standards.
- F. Physical Requirement: Good physical stamina, endurance and body condition that would not be adversely affected by frequently having to walk, stand, lift, carry and balance at times, in excess of 125 pounds in all weather conditions.

125 pounds in all weather condition	ıs.	
VII. Position Grade Level & Time R This is a salaried 40 hours a week benef		rrently: Grade 6, Step 1 to start.
Grade Hours per	Year: 2000	
APPROVED BY PERSONNEL BOARD	Date:	Chair:
APPROVED BY BOARD OF SELECTMAN	Date	Chair:



TOWN OF CHILMARK CHILMARK, MASSACHUSETTS

TOWN OFFICES:

Beetlebung Corner Post Office Box 119 Chilmark, MA 02535 508-645-2100 508-645-2110 Fax

Position Vacancy Notice

POSTING DATE:

4 June 2015

START DATE: 2 July 2015

TITLE:

EMT - PARAMEDIC

INITIAL RATE OF PAY:

Hourly

\$ 25.78 / hr. GRADE: 8 Step: 1

FULL-TIME:

40 hours a week, Non-Exempt

BENEFITS:

75% Health & Life Insurance, EAP, Deferred Comp*, Dental*

Sick, Personal & Vacation time

(*Voluntary Self Funded)

SUMMARY OF DUTIES:

- Respond to all EMS calls while on duty in the TTA area and provide mutual aid as required.
- Be available to intercept in Ambulance, intercept vehicle or personal vehicle as appropriate.
- Performs Public service tasks for community.
- Performs daily inventories and equipment maintenance.
- Assists Chief as directed.

REQUIREMENTS:

- · Current MA EMT Paramedic Certification.
- Current AHA Health Care Provider Certification
- · Current AHA ACLS Certification, if applicable.
- Current AHA Basic Life Support Instructor Certification is desirable
- · Current valid MA driver's license
- Familiarity with the TTA operational policies or the ability to learn them.
- Familiar with or the ability to obtain Region V, OES and state regulations, policies, laws and recommendations.
- Ability to tactfully and appropriately interface with all levels of EMTs.
- The position requires excellent judgment and the ability to prioritize decisions that can affect patient care.
- Ability to work in a stressful and occasionally challenging environment.
- Excellent communication and interpersonal skills.
- May be exposed to hazardous conditions while on duty.
- Pre-employment physical examination
- Ability pass a Criminal Offender Records Information check

APPLICATION: Contact the Selectmen's Office with your Resume and Cover Letter for an application packet jobs@chilmarkma.gov

508-645-2101

QUESTIONS: ttemschief@vineyard.net

508-693-4992

DEADLINE:

Completed Applications with a cover letter and resume should be submitted to the Selectmen's Office by

5:00 PM on Friday June 19th 2015.

INTERVIEWS: Tentatively scheduled for June 25th – 30th





TRI-TOWN AMBULANCE

West Tisbury • Chilmark • Aquinnah

P.O. Box 457 West Tisbury, MA. 02575 PHONE/FAX: 508·693·4992

CONFIDENTIAL EMPLOYMENT / VOULNTEER APPLICATION

Date of Application:	Date Available)			
Last Name:	First N	ame:			Middle Initial
Address:	City			State/Zip	
Telephone:	Cell ph	ione:		Email:	
	Social	Security #:			
Availability: (Circle all that apply)	Days Nig	hts Weeke	nds Holida	ays	
Requesting: (circle one) Full Tim	e Seaso	onal Vol	unteer (at thi	s time)	Per-Diem
EN Please List current place of employment	IPLOYMEN [®] first	T HISTORY	•		
Employer:		Dates of E	mployment:		
Address:		Reason fo	or Leaving:		
Telephone:		Job Title:	P	ay Rate:	41
Duties:			May we cor Y/N	ntact employe	er for reference?
Employer:		Dates of E	Employment:		-
Address:	The state of the s	Reason fo	or Leaving:		
Telephone:		Job Title:	P	ay Rate:	
Duties:	H-177,		May we cor	ntact employe	er for reference?

Employer:		Dates of Employment:		
Address:	······································	Reason for Leaving:		
Telephone:		Job Title: Pay Rate:		Rate:
Duties:			May we contact	t employer for reference?
Diagon list most recent five	EDUCA	TION		
Please list most recent firs High School, College, Vocational or Other	Location (City State)	Graduate	?	Degree (or credits from graduation)
				9
,				
List any foreign langu	ages(s) and present flue	ency level (r	read, write and	l/or speak)
Emergency Contact:	Name			
	Phone#2			

References:

Please give the name, address, telephone number, and the number of years you have been acquainted with the individual. Indicate Personal, Professional or both in "Type"

Name	Address	Telephone	Years	Туре
		×		
,				

F	Please explain why you want to join our organization:				
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1					
1					
1					
1					
1					

Circle "Yes" or "No" for each question. Please provide details below if applicable.							
1. Are you over the ag	e of 18?	Yes	No				
2. Do you have a curre	ent and valid MA driver's licens	e? Yes	No				
(if more	(if more space is need please attach an additional sheet):						
	APPLICANT STAT	EMENT					
I certify that the answers given herein are true and complete to the best of my knowledge. I authorize Tri-Town Ambulance and/or other designated personnel to investigate and/or verify this information as deemed necessary. I also hereby release all persons, companies, and associations supplying such information from all liability. I indemnify Tri-Town Ambulance against any liability resulting from such investigations. I understand and accept that any omission, distortions, and or misinformation given by me is grounds for my immediate dismissal from consideration for employment, or termination from employment if I am hired by Tri-Town Ambulance. I agree to abide by the Tri-Town Ambulance Policies and Procedures, as well as the Chilmark Personal town By laws. Applicant Signature Date CONFIDENTIAL **Please submit a copy of these certifications at the time of application. Provide a copy of any other certifications as soon as possible.							
Course Cert# Exp Date Tri-Town Ambulance Use only							
,			Copy Submitted				
MA EMT/Advance/Medic**							
CPR (Healthcare Provider)**							
ACLS (MEDIC ONLY**)							
Drivers License **							
PALS							

PEARS

PHTLS			
AMLS			
Nations Registry			
IS 100			
IS 200			
IS 700			
Instructor Certification(s):			
Additiona	al Medic Information Require	d at time of applica	ation:
			TTA Use Only
Previous Authorization to Practice			
Previous organization:			
Medical Control Physician:		4	
Dates of Authorization:			
Explanation if authorization was ever revoked:			

TTAEMS USE ONLY

Action	Date Processed	Result(s)	Initials
Application Received			
Interview			
Job/Volunteer offer extended			

RETURN THIS COMPLETED APPLICATION TO Chilmark Selectmen's Office Before 5:00 PM June 19th 2015